



PTO/SB/21 (09-04)

*TNW* \$ 1615

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                               |
|--|--|------------------------|-------------------------------|
|  |  | Application Number     | 09/553,969                    |
|  |  | Filing Date            | April 21, 2000                |
|  |  | First Named Inventor   | WALLACE, Donald G.            |
|  |  | Art Unit               | 1615                          |
|  |  | Examiner Name          | CHANNAVAJJALA, Lakshmi Sarada |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 017067-002040US               |

### ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><input type="checkbox"/> Return Postcard |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)                       | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD |   |
| <input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   |   |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                    |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                    |          |        |
|--------------|------------------------------------|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP |          |        |
| Signature    |                                    |          |        |
| Printed name | Nathan S. Cassell                  |          |        |
| Date         | February 9, 2006                   | Reg. No. | 42,396 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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|-----------------------|-----------------|------|------------------|
| Signature             |                 |      |                  |
| Typed or printed name | Nina L. McNeill | Date | February 9, 2006 |